

SB124 - Annual Behavioral Health Wellness Visit Te

Uploaded by: Abigail Snyder

Position: FAV

OFFICERS

ELIZABETH GREEN
 President
 ROBIN WEIMAN
 1st Vice President
 AMALIA HONICK
 BENJAMIN ROSENBERG
 RABBI STEVEN SCHWARTZ
 RABBI JONATHAN SEIDEMANN
 MELANIE SHAPIRO
 RABBI ANDREW BUSCH
 Past President
 HOWARD LIBIT
 Executive Director

MEMBER ORGANIZATIONS

Adat Chaim Congregation
 American Jewish Committee
 Americans for Peace Now
 Baltimore Chapter
 American Israel Public Affairs Committee
 American Red Magen David for Israel
 American Zionist Movement
 Amit Women
 Association of Reform Zionists of America
 Baltimore Board of Rabbis
 Baltimore Hebrew Congregation
 Baltimore Jewish Green and Just Alliance
 Baltimore Men's ORT
 Baltimore Zionist District
 Beth Am Congregation
 Beth El Congregation
 Beth Israel Congregation
 Beth Shalom Congregation of
 Howard County
 Beth Tfiloh Congregation
 B'nai B'rith, Chesapeake Bay Region
 B'nai Israel Congregation
 B'nai Jacob Shaarei Zion Congregation
 Bolton Street Synagogue
 Chevra Ahavas Chesed, Inc.
 Chevrei Tzedek Congregation
 Chizuk Amuno Congregation
 Congregation Beit Tikvah
 Congregation Tiferes Yisroel
 Federation of Jewish Women's
 Organizations of Maryland
 Hadassah
 Har Sinai - Oheb Shalom Congregation
 J Street
 Jewish Federation of Howard County
 Jewish Labor Committee
 Jewish War Veterans
 Jewish War Veterans, Ladies Auxiliary
 Jewish Women International
 Jews For Judaism
 Moses Montefiore Anshe Emanah
 Hebrew Congregation
 National Council of Jewish Women
 Ner Tamid Congregation
 Rabbinical Council of America
 Religious Zionists of America
 Shaarei Tfiloh Congregation
 Shomrei Emanah Congregation
 Suburban Orthodox Congregation
 Temple Beth Shalom
 Temple Isaiah
 Zionist Organization of America
 Baltimore District

WRITTEN TESTIMONY

**Senate Bill 124 – Maryland Medical Assistance Program and Health Insurance -
 Annual Behavioral Health Wellness Visits - Coverage and Reimbursement
 Finance Committee – February 13, 2024
 SUPPORT**

Background: SB124 would require the Maryland Medical Assistance Program and health insurers to provide coverage for annual behavioral health wellness visits, regardless of whether a diagnosis is made at the end of the visit.

Written Comments: The Baltimore Jewish Council represents The Associated: Jewish Federation of Baltimore and all of its agencies. This includes Jewish Community Services (JCS), which offers programs and services for people of all ages and backgrounds, helping them achieve their goals, enhance their wellbeing, and maximize their independence. JCS currently provides therapy and medication management to a large population of clients with both commercial and public insurance. These behavioral health intervention services are incredibly helpful in enhancing patient wellbeing. During 2023, JCS performed 225 Annual Behavioral Health Wellness Visits.

One in five Marylanders suffer from a mental health condition, and only a fraction receive the help they need. As mental and behavioral health continue to be at the forefront of our state's focus, it is important that individuals can receive care. Currently, if an individual has a behavioral health assessment from a behavioral health provider and there is no mental illness diagnosis as a result of the appointment, the appointment will not be covered by insurance. Just as we are afforded an annual physical, we should also have access to an annual behavioral health assessment.

The Jewish community historically takes communal responsibility for the vulnerable and underserved – this includes those in poverty; individuals with disabilities; victims of domestic violence, etc. Many of these individuals need readily accessible, high-quality mental and behavioral health services. By targeting early intervention in mental illness, we are removing the stigma around mental health diagnoses; saving money for patients; and providing access to needed care.

For these reasons, the Baltimore Jewish Council urges a favorable report of SB124.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies, and the Greater Baltimore Jewish community.

MD_SB0124_Inseparable Testimony_2024 02 13.pdf

Uploaded by: Ann Ciekot

Position: FAV

inseparable

Senate Finance Committee

February 13, 2024

Senate Bill 124

Maryland Medical Assistance Program and Health Insurance— Annual Behavioral Health Wellness Visits—Coverage and Reimbursement Support

Dear Chair Beidle and Members of the Committee:

On behalf of Inseparable, I am writing to urge your support of SB0124, which will require providers to be reimbursed by Medicaid and commercial insurance for a behavioral health wellness visit. This bill will reduce barriers to care and reduce disparities for people experiencing mental health and substance use disorders. Inseparable is a nonprofit focused on closing the treatment gap for people with mental health conditions, improving crisis response, and supporting youth mental health.

Youth and adults continue to face alarming rates of mental health challenges. In fact, The Business Group on Health's [2024 Large Employer Health Care Strategy Survey](#) reports that mental health challenges are the top health concern impacting employers. 77% of employers reported an increase in mental health concerns this year and, according to the report, are highly focused on increasing access to mental health services, including lowering cost barriers to care.

SB0124 would provide exactly the kind of policy change that employers, individuals, and families need. Many people, including employers, assume that an initial behavioral health visit will be covered, regardless of whether there's a diagnosis, as is common in physical health. Unfortunately, that is not the case—and it creates a real barrier to the very early identification and intervention that could provide both youth and adults the help they need *before* their symptoms become more severe and harder and more costly to treat. This bill would change that and require plans to cover an initial behavioral health assessment, and to reimburse a provider at the same rate, regardless of whether the visit results in a diagnosed condition. To date, six states, CO, CT, DE, IL, MA, and NM, have enacted similar commonsense legislation to cover annual behavioral health wellness visits.

Inseparable is grateful to Senator Augustine for introducing SB0124 and we respectfully urge a favorable report by the Committee.

Respectfully,



Angela Kimball
Chief Advocacy Officer

MCF Testimony-SB 124-FAV.pdf

Uploaded by: Ashley Tauler

Position: FAV



SB 124- Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Committee: Finance

Date: February 9, 2024

Position: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) is a statewide nonprofit organization that provides family peer support services at no cost to families who have a loved one with a mental health, substance use, or problem gambling disorder. Using their personal experience as parents, caregivers and other loved ones, our staff provide emotional support, resource connection and systems navigation as well as support groups and educational trainings and workshops.

Many of the families that our staff support has a loved one with a behavioral health need. MCF supports this bill for several reasons.

- An annual mental wellness checkup is preventative and needs to be normalized. Early detection and intervention of any behavioral health condition is key to helping to improve an individual's overall quality of life. Resources, support, and coordination of care can be discussed and provided during these visits. As well as educating the individual on the importance of mental health, self-care, and wellness overall.
- These annual mental wellness exams can be cost effective by reducing the risk of inpatient hospitalization and further intensive treatment for some individuals with early detection and intervention.
- Physical health and mental health are interconnected. Making an annual mental health wellness exam available through the entities listed is a start to de stigmatizing and normalizing mental health wellness as an annual exam.



Ashley Tauler

Policy and Advocacy Associate

Maryland Coalition of Families

8950 State Route 108, Suite 223

Columbia MD, 21045

AboutKooth1.5_SPORTS.pdf

Uploaded by: Bob McCullough

Position: FAV



Kooth: A Clinically Proven, Safe Platform for Mental Health Support

At Kooth, we are dedicated to supporting the mental wellbeing of individuals. Our platform offers a secure and inclusive space to access support through a choice of therapeutic pathways.

Meet Our Expert Team

- **Mental Health Practitioners:** Trained professionals with Bachelor's degrees in behavioral health fields. They welcome users and help them navigate resources on the platform.
- **Licensed Clinical Team:** Licensed with Master's degrees, specializing in chat-based counseling for expert support.
- **Supervision & Safety:** All staff are supervised and undergo thorough background checks for youth safety.

Our Approach to Therapy

- **Chat-Based Counseling:** We currently offer chat-based counseling services through both booked and drop-in sessions.
- **Moderated Peer Engagement:** Youth do not chat directly with each other or share personal contact information. User-generated content is anonymous, and comments are moderated by our clinical team to ensure full safety on the platform.

Our Mission: Kooth's mission is to bring free, safe and confidential mental health support through a behavioral health platform that creates a therapeutic ecosystem where people can thrive.

Our Collaborative Process:

- Any content generated by our team and users undergoes review to ensure community guidelines are met, maintain anonymity, and be free from risk factors before being published for other users to see.



MC Federation of Families Testimony in Support of

Uploaded by: Celia Serkin

Position: FAV



**Montgomery County Federation of Families for
Children's Mental Health, Inc.**

Colesville Professional Center
13321 New Hampshire Avenue, Terrace B
Silver Spring, MD 20904
301-879-5200 (phone) ♦ 301-879-0012 (fax)
info@mcfof.org
www.mcfof.org (website)

**SB 124 Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health
Wellness Visits - Coverage and Reimbursements**

Senate Finance Committee

February 13, 2024

POSITION: SUPPORT

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families is pleased to support **SB 124 Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits - Coverage and Reimbursements.**

SB 124 requires the Maryland Medical Assistance Program and certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and certain reimbursement for annual behavioral health wellness visits.

MC Federation of Families supports SB 124 because it will ensure that Marylanders have access to an annual behavioral health wellness visit, which is a clinical encounter during which a health care practitioner conducts an assessment to identify whether a patient meets criteria for a psychiatric or substance use disorder. SB 124 will put mental health and substance use on par with other routinely covered preventive health services, such as an annual physical or cancer screening. The human cost of unaddressed trauma is high. Unaddressed trauma leads to lifelong mental health challenges, substance use disorders, higher rates of incarceration, and negative health behaviors, including suicide. Untreated mental health and substance use challenges impact a person's physical health and create costly and negative outcomes over the course of a lifetime. These costs and negative outcomes ripple throughout our health care system, our criminal justice system, and our economy at large.

MC Federation of Families urges this committee to pass SB 124.

SB0124_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV



Heaver Plaza
1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

**Senate Bill 124 Maryland Medical Assistance Program and Health Insurance - Annual
Behavioral Health Wellness Visits - Coverage and Reimbursement**

Finance Committee

February 13, 2024

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 124.

SB 124 requires that commercial health insurers in Maryland and the Maryland Medicaid program provide coverage and reimbursement for annual behavioral health wellness visits, regardless of whether the assessment results in a behavioral health diagnosis.

Federal law requires that health insurers cover and reimburse for preventive care for physical health issues. Annual physicals, including recommended tests, are completely covered, with no out-of-pocket costs. This is true regardless of whether the screenings, assessments and tests uncover a potential health concern and/or result in a diagnosis.

This is not the case, however, for assessments from behavioral health providers. Most insurers do not reimburse for behavioral health assessments that do not result in a diagnosis. This limits opportunities to identify and address mental health and substance use concerns early because individuals who may be noticing mild behavioral health concerns may be reluctant to seek help from a behavioral health professional if they are unsure whether their insurance will cover it.

And the failure to identify and address these concerns results in poor health outcomes and high costs. Untreated anxiety and depression can lead to an escalation of symptoms, unnecessary hospitalization and higher intensity levels of care. This leads to higher overall health care costs. According to [a recent study](#) analyzing health care claims data for 21 million individuals, while only 27% of the study population had a behavioral health diagnosis and/or received behavioral health-specific treatment, those individuals accounted for 56.5% of total health care costs.

Ensuring access to preventive behavioral health care via annual behavioral health wellness visits will increase early identification and intervention for these illnesses, reduce stigma related to mental health and substance use disorders, and save money. For these reasons, MHAMD supports SB 124 and urges a favorable report.

For more information, contact Dan Martin at (410) 978-8865

SB0124_FAV_MedChi, MDAAP, MACHC, GWSCSW_Medicaid &

Uploaded by: Danna Kauffman

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 13, 2023

RE: **SUPPORT** – Senate Bill 124 – *Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement*

On behalf of The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Greater Washington Society for Clinical Social Work, we submit this letter of **support** for Senate Bill 124.

Senate Bill 124 requires health insurance carriers to provide coverage for an annual behavioral health wellness visit, regardless of whether the assessment results in a behavioral health diagnosis. A carrier must also provide payment for the visit on the same basis and at the same rate as an assessment that results in a behavioral health diagnosis.

Senate Bill 124 advances the goals of the federal Mental Health Parity and Addiction Equity Act of 2008, which prohibits discriminatory insurance coverage for those with mental health or substance abuse disorders. This bill continues to advance the goals of the federal Act and ensures that coverage and payment is equal in scope to physical health coverage. In addition, Senate Bill 124 also provides consumers with an additional, covered avenue to seek care early, which has been shown to lead to better health outcomes. According to the National Institute of Mental Health, in 2021, there were an estimated 57.8 million adults aged 18 or older in the United States with a mental illness, with young adults aged 18-25 years with the highest prevalence compared to adults aged 26-49 years (28.1%) and aged 50 and older (15.0%). Senate Bill 124 is a needed coverage change to ensure that Maryland consumers have access to the health care, both physical and behavioral, that is needed. We urge a favorable vote.

Legal Action Center Testimony SB124 - FAV.pdf

Uploaded by: Deborah Steinberg

Position: FAV

**Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health
Wellness Visits – Coverage and Reimbursement (SB 124)
Senate Finance Committee
February 13, 2024
FAVORABLE**

Thank you for the opportunity to submit testimony in favor of SB 124. The bill would require the Maryland Medicaid program and certain health insurers to provide coverage and reimbursement for annual behavioral health wellness visits, regardless of whether the practitioner’s assessment results in a psychiatric or substance use disorder diagnosis. This testimony is submitted by the Legal Action Center, a law and policy organization that has worked for 50 years to fight discrimination, build health equity and restore opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our partners to ensure non-discriminatory access to mental health (MH) and substance use disorder (SUD) services through enforcement of the federal Mental Health Parity and Addiction Equity Act in both public and private insurance. **We urge the Committee to issue a favorable report on SB 124.**

Most insurers are required by law to cover annual wellness visits, often referred to as a physical exam, as part of their preventative health care services. These annual visits often fall short of providing a comprehensive assessment to determine if an individual has a MH or SUD because the treatment of these conditions falls outside the expertise of those who typically perform such visits. Additionally, when practitioners with MH or SUD expertise perform assessments in a treatment setting, they are generally only reimbursed by insurance if the assessment results in MH or SUD diagnosis, thus deterring these comprehensive screenings for youth and adults who may require multiple visits for an appropriate diagnosis to be made. Some individuals resist conversations with their primary care practitioner about their symptoms of a MH or SUD, fearing that they will be labeled with such a diagnosis. These factors prevent Marylanders from getting the appropriate assessments and treatment they need.

To achieve better integration of physical and mental health care and ensure that MH and SUD assessments are covered at parity and meaningfully affordable and accessible, we must ensure that annual behavioral health wellness visits are available to Marylanders in the same way that annual physical exams are. Just as physical exams may be reimbursed when they do not result in a diagnosis of a medical condition, behavioral health exams should be reimbursed even when they do not result in a MH or SUD diagnosis. These proactive behavioral health checkups will help people feel more comfortable getting screened for these conditions as well as identify MH conditions and risky substance use at an earlier and more treatable stage. Doing so can help reduce the costs associated with untreated MH and SUDs and prevent suicide and overdose deaths. At least two states – Colorado (Colo. HB 21-1068 (2021)) and Massachusetts (Mass. Gen. Law c. 175 § 47TT (2022)) – have enacted similar laws, and we encourage Maryland to do the same.

Thank you for considering our views. We urge the Committee to issue a favorable report on SB 124.

Deborah Steinberg, J.D.
Senior Health Policy Attorney
Legal Action Center
dsteinberg@lac.org

SB124_AnnualBHVisit_KennedyKrieger_Support.pdf

Uploaded by: Emily Arneson

Position: FAV

health disparities and improve service utilization.^{1,9} The Surgeon General states that, “Employers can play an outsized role in supporting the mental health of children and young people, [by providing] access to comprehensive, affordable, and age-appropriate mental health care for all employees and their families, including dependent children.”¹ As such, requiring reimbursement for annual behavioral health wellness visits is a critical step to ensuring that children in Maryland are properly identified when in need of behavioral health services and would send a clear message to Marylanders that mental health and well-being are priorities equal in importance to physical health and well-being.

Kennedy Krieger Institute requests a favorable report on Senate Bill 124.

References

1. Office of the Surgeon General. *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory*. 2021:1-53. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
2. National Research Council and Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. The National Academic Press; 2009.
3. American Academy of Child & Adolescent Psychiatry. Best Principles for Integration of Child Psychiatry into the Pediatric Health Home. Accessed January 29, 2023, https://www.aacap.org//App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf
4. Trent M, Dooley DG, Dougé J, et al. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765
5. Theberath M, Bauer D, Chen W, et al. Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. *SAGE Open Med*. 2022;10:20503121221086712. doi:10.1177/20503121221086712
6. William T. Grant Foundation. Disparities in Child and Adolescent Mental Health and Mental Health Services in the U.S. Accessed October 5, 2022, <https://wtgrantfoundation.org/library/uploads/2015/09/Disparities-in-Child-and-Adolescent-Mental-Health.pdf>
7. U.S. Department of Health and Human Services HRaSA. National projections of supply and demand for selected behavioral health practitioners: 2013–2025. January 29, 2023.
8. American Academy of Family Physicians. Mental Health Care Services by Family Physicians (Position Paper). <https://www.aafp.org/about/policies/all/mental-health-services.html>
9. Njoroge WFM, Hostutler CA, Schwartz BS, Mautone JA. Integrated Behavioral Health in Pediatric Primary Care. *Current Psychiatry Reports*. 2016;18(12)doi:10.1007/s11920-016-0745-7

Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org
707 North Broadway Baltimore, Maryland 21205

MD Catholic Conference_SB 124_FAV.pdf

Uploaded by: Garrett O'Day

Position: FAV



**MARYLAND
CATHOLIC
CONFERENCE**

February 13, 2024

SB 124

**Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health
Wellness Visits – Coverage and Reimbursement**

Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) offers this testimony in support of Senate Bill 124. The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 124 would require the Maryland Medical Assistance Program, along with other providers and health plans, to provide coverage and reimbursement for annual behavioral health wellness visits. It is vitally important to recognize the importance of caring for both the physical and mental well-being of our community.

The Catholic Church emphasizes the dignity of every human person and the call to promote the common good. Mental health is an integral part of an individual's well-being, and providing accessible and comprehensive coverage for behavioral health services is aligned with the principles of justice and compassion. Mental health challenges affect individuals and families across all walks of life, and it is our moral obligation to ensure that everyone has the opportunity to receive necessary care. Annual behavioral health wellness visits are crucial for early detection, prevention, and intervention, contributing to the overall health and stability of individuals and the broader community.

Allowing for coverage of these visits affirms a commitment to recognize the full spectrum of human health, both physical and mental and reflects a compassionate response to the struggles many individuals face in silence, addressing the stigma associated with mental health issues and promoting a culture of understanding and support.

The MCC appreciates your consideration and respectfully urges a favorable report for Senate Bill 124.

SB 124_Maryland Medical Assistance Program and Hea

Uploaded by: Jake Whitaker

Position: FAV



Maryland
Hospital Association

Senate Bill 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Position: *Support*
February 13, 2024
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 124. More than 200,000 patients visit Maryland emergency departments (ED) seeking behavioral health services each year. Maryland hospitals care for everyone who comes through their doors, but too often patients in crisis visit hospital EDs due to a lack of behavioral health services in the community.

SB 124 would require the Maryland Medicaid Program and commercial insurers to provide coverage for annual behavioral health wellness visits. An annual behavioral health visit includes an assessment to determine whether a patient meets the criteria for a substance use or psychiatric disorder. The Medicaid Program and commercial insurers would also be required to reimburse providers for the behavioral health wellness visit at the same rate as an assessment that results in a behavioral health diagnosis.

The ongoing behavioral healthcare crisis in Maryland contributes to ED length of stay and hospital discharge challenges. When patients have access to these services in primary care settings, they can get the help they need at the onset of behavioral health conditions and stay out of crisis. This bill will improve the availability of behavioral health services and outcomes, keep people out of crisis, and decrease the number of unnecessary ED visits.

For these reasons, we urge a *favorable* report on SB 124.

For more information, please contact:
Jake Whitaker, Director, Government Affairs
Jwhitaker@mhaonline.org

NASW Maryland - 2024 SB 124 FAV - Behavioral Health

Uploaded by: Karessa Proctor

Position: FAV

**Senate Finance Committee
February 13, 2024**

Senate Bill 124: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

*****SUPPORT*****

The National Association of Social Workers – Maryland Chapter, an organization representing social workers statewide, is asking for your support for Senate Bill 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.

Through academic research, media coverage, and society-wide personal experiences, Maryland citizens are fully aware of the mental health crisis looming in our state. To mitigate, this crisis requires multifaceted habilitative and rehabilitative approaches. This bill begins the conversation on properly supporting mental health by identifying mental health needs earlier; thereby, possibly circumventing or reducing psychosocial consequences brought on by unrecognized mental health problems.

To promote a seamless habilitation clinical encounter for patients, we support amendments to define what a wellness assessment is, as we recognize there are many screening tools available. These screening tools are important, but no the same as an assessment where a clinician can determine whether or not there is a diagnosable disorder that would require treatment. For those without a diagnosable disorder, the provider and their patient can create a prevention plan.

We urge a favorable report on Senate Bill 124.

Dionne Brown-Bushrod LCSW-C
Shonda Conyers, LCSW-C
Patricia Roberts -Rose, LCSW-C

SB 124_Horizon Foundation_fav.pdf

Uploaded by: Kerry Darragh

Position: FAV



February 13, 2024

COMMITTEE: Senate Finance Committee

BILL: SB 124 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

The Foundation is pleased to support SB 124 – Maryland Medical Assistance Program and Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement. SB 124 would require the state’s Medicaid program to cover annual behavioral health wellness visits, regardless of whether that visits results in a specific behavioral health diagnosis.

Like many communities across the country, mental and behavioral health needs in Howard County have been on the rise and barriers remain to ensuring robust and equitable access to care. In our county’s most recent health assessment, the number of residents who reported experiencing symptoms of depression and anxiety jumped significantly compared to the last survey in 2018, and only 16% reported receiving some type of treatment.ⁱ We also continue to see stark racial disparities in mental health. In the same survey, Black and Hispanic residents were much more likely than their White counterparts to report feeling a lack of interest or pleasure in doing things – as were residents with low income – in addition to feelings of being down, depressed or hopeless. There is also growing research that shows chronic stress and trauma due to racism exacerbates mental and behavioral health challenges for people of color.

Physical health and mental and behavioral health are inextricably linked and equally important to living a healthy and abundant life. As mental and behavioral health challenges rise, we must ensure our residents can access the care that they need and deserve. By expanding coverage for behavioral health visits to Medicaid recipients, SB 124 would help fill the gaps and expand access to care for those most in need.

BOARD OF TRUSTEES

Lisa M. Pearson
CHAIR

Christopher Fortune
VICE CHAIR

Gopi Suri
SECRETARY

Mark Cissell
TREASURER

Nikki Highsmith Vernick
PRESIDENT & CEO

Jonathan Ilson Ahn, Esq.

Yvonne Commodore-
Mensah, Ph.D.

Juliet Gilliam

Catherine Hamel

Brian Hepburn, M.D.

Sharon A. Hoover

Sekou Murphy

Yvette Rooks, M.D.

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D.

We strongly believe everyone should have access to compassionate and affordable health and mental health care. For this reason, the Foundation **SUPPORTS SB 124 and urges a FAVORABLE report.**

Thank you for your consideration.

ⁱ Howard County Health Assessment Survey, 2021. Retrieved from <https://www.hclhic.org/community/data>

SB124 Written Testimony2.13.2024.pdf

Uploaded by: Lucia Caltagirone

Position: FAV

SENATE FINANCE COMMITTEE
SENATE BILL 124: MARYLAND MEDICAL ASSISTANCE PROGRAM AND
HEALTH INSURANCE - ANNUAL BEHAVIORAL HEALTH WELLNESS VISITS -
COVERAGE AND REIMBURSEMENT

February 13, 2024

POSITION: SUPPORT

Thank you, Madam Chair Beidle and Committee Members, for the opportunity to provide testimony on Senate Bill 124: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

Senate Bill 124 requires the Maryland Medical Assistance Program and certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for an annual “behavioral health wellness visit.” An annual behavioral health wellness visit is defined as a clinical encounter during which a health care practitioner assesses a patient for diagnostic criteria indicating a behavioral health disorder. The Bill further stipulates that reimbursement for the visit must be provided on the same basis and at the same rate whether or not the visit results in a diagnosis of a psychiatric or substance use condition.

The Bill describes the “health care practitioners” who are entitled to conduct these visits as those: (1) licensed, certified or otherwise authorized under the Health Occupations Article; and (2) whose scope of practice include the provision of mental health and substance use disorder care services. We assume this definition indicates that the Bill drafters intend for these visits to be conducted by licensed mental health professionals. We would like to note that it may be helpful to clarify that health care providers whose primary area of practice is not mental health, but who may provide limited mental health services as part of their practice, are not intended to conduct these assessments.

One in five adults has a mental illness¹ and over 17% of the population has a substance use disorder.² Despite the prevalence of these behavioral health disorders, only about half of adults with mental illness and only a quarter of people with substance use disorders report obtaining

¹ National Alliance on Mental Illness, Mental Health by the Numbers, <https://www.nami.org/mhstats> (last updated April 2023)

² Substance Abuse and Mental Health Services Administration, Highlights for the 2022 National Survey on Drug Use and Health Data, <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf>

treatment services in the past 12 months.³ We know from working with our clients that individuals with behavioral health disorders face significant barriers to accessing the services and supports needed to live safely and independently in the community. These barriers include lack of awareness regarding treatment options, stigma around diagnoses and seeking treatment, and cost barriers. SB 124 would serve to reduce each of these barriers. A reimbursable, annual visit with a licensed mental health professional without the requirement of a diagnosis would provide a forum for patient education, normalize treatment seeking, and, of course, reduce the financial burden placed on the individual.

For the foregoing reasons, DRM supports Senate Bill 124 and urges a favorable report.

Respectfully,

Lucia A. Caltagirone
Disability Rights Maryland
1500 Union Ave., Suite 2000
Baltimore, MD 21211
Phone: 410-727-6352
LucyC@DisabilityRightsMD.org

³ NAMI, SAMHSA

SB0124_CC_Martinez_FAV.pdf

Uploaded by: Madelin Martinez

Position: FAV

Senate Bill 124
Annual Behavioral Health Wellness Visits - Coverage and Reimbursement
Finance Committee
February 12, 2024
Support

Catholic Charities of Baltimore supports SB 124, which requires health insurers, nonprofit health service plans, health maintenance organizations, and Medicaid managed care organizations to provide coverage for annual behavioral health wellness visits, regardless of whether an assessment leads to a behavioral health diagnosis.

For a century, Catholic Charities has provided care and services to improve the lives of Marylanders in need. We accompany Marylanders as they age with dignity, support their pursuit of employment and career advancement, heal from trauma and addiction, achieve economic independence, prepare for educational success, and welcome immigrant neighbors into Maryland communities.

According to the 2023 State of Mental Health in America report, 18% of adults in Maryland, equivalent to over 822,000 individuals, experienced a mental illness, while 15% of youth aged 12-17 reported suffering from at least one major depressive episode (MDE) in the past year.¹ As the second largest human service provider in Maryland, we witness firsthand the growing need for behavioral health wellness visits. Specifically, at Villa Maria Behavioral Health, we offer mental health and substance use disorder treatment to individuals and families through our eight clinics and in-home respite services, in addition to maintaining over 100 public school partnerships. Our services extend to adults, children, and families across Baltimore City and Anne Arundel, Baltimore, Frederick, Harford, Allegany, and Garrett Counties, catering to clients covered by Medicaid, including the Maryland Children's Health Program (MCHP), and Medicare.

This bill is crucial as it mandates Medicaid to establish a new single billing rate for unified reimbursement of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services, ensuring fair access to mental health assessments and services without discrimination based on diagnosis. SBIRT is a comprehensive, integrated, public health approach to delivering early intervention and treatment services for individuals with substance use disorders, as well as those at risk of developing these disorders, thereby ensuring comprehensive care for individuals.

Maryland's citizens, communities, and employers all stand to benefit from this legislation, as every Marylander having access to an annual Behavioral Health Wellness Visit to assess their mental health and receive appropriate treatment referrals would be invaluable. Implementing this measure would represent a significant step forward, as early intervention through annual Behavioral Wellness Visits significantly reduces the likelihood of work, family, and school-related issues, as well as the onset of more severe mental health and substance use problems, ultimately resulting in reduced overall medical care costs. **For these reasons, Catholic Charities urges the committee to issue a favorable report on Senate Bill 124.**

Submitted By: Madelin Martinez, Assistant Director of Advocacy

1. Mental Health America. Prevalence Data 2023. Mental Health America. Published 2023. Accessed February 12, 2024. <https://mhanational.org/issues/2023/mental-health-america-prevalence-data>

MHCC BH Wellness Visits Report 12-05-2023 (Final 1

Uploaded by: Malcolm Augustine

Position: FAV



axene health partners
HEALTH ACTUARIES & CONSULTANTS

Required Coverage and Reimbursement of Annual Behavioral Health Wellness Visits

Maryland Health Care Commission

December 5, 2023

Presented by:

Gregory G. Fann, FSA, FCA, MAAA
Consulting Actuary

Erik D. Axene, MD, FACEP, M. Ed
Clinical Consultant

Joan C. Barrett, FSA, MAAA
Consulting Actuary

Ryan Bilton, FSA, CERA, MAAA
Consulting Actuary

Tony Pistilli, FSA, CERA, MAAA, CPC
Consulting Actuary

This report has been prepared for the exclusive use of the Maryland Health Care Commission's management team. Release to others outside this group without the expressed written permission of Axene Health Partners, LLC below is strictly prohibited.

Table of Contents

Required Coverage and Reimbursement of Annual Behavioral Health Wellness Visits.....	1
Table of Contents.....	2
Section 1: Executive Summary.....	3
Section 2. Social Analysis	4
About the Mandate	4
The Demand for Services.....	4
The Behavioral Health Crisis	4
Legislative and Regulatory Activity	5
Barriers to Better Care	5
Emotional Barriers	5
Financial Barriers	5
Provider Shortages.....	5
Current Extent of Coverage	6
Section 3. Medical Analysis.....	7
The Importance of Behavioral Health Wellness Visits	7
Clinical Guidelines	7
Integrated Behavioral Health	7
Section 4. Financial Analysis	8
Premium Impact	8
Cost to the State.....	8
Administrative Costs.....	8
Section 5. Actuarial Considerations	9
Appendix A. Financial Analysis.....	10
Appendix B. Survey Language.....	12
Appendix C. Survey Results Summary	13
Appendix D. Payer A Questions	14
Appendix E. Payer B Questions.....	16
Appendix F. Payer C Questions.....	19
Appendix G. Payer D Questions	21
Appendix H. Payer E Questions	23

Section 1: Executive Summary

Senate Bill 108 was introduced in the Maryland legislature during the 2023 session. The bill did not pass. The Maryland Health Care Commission (MHCC) has retained Axene Health Partners, LLC (AHP) to deliver health care related actuarial services to assist the Commission in completing its legislative requirement under the Insurance Article §15–1501 regarding S.B. 108, including the appropriate fiscal, medical, and social analyses as specified in the request for proposal (RFP) numbered MHCC 24-006. Since S.B. 108 did not pass, AHP has completed its work assuming that similar legislation is introduced and passed in the current legislative session. The key findings from our analysis are shown below.

Key Findings

The Mandate

- behavioral health wellness visits will no longer be subject to cost sharing

Social

- There is currently a mental health crisis in the United States
- Barriers to better mental health include affordability and provider access
- This bill will address the affordability issue to some extent

Medical

- The USPSTF recommends screenings for anxiety, depression, and substance abuse
- Identification and treatment of behavioral disorders can lead to better patient outcomes

Financial

- The mandate is expected to increase premiums by 0.05%, or \$0.37 PMPM in 2025
- There will be a 2% annual increase in the percentage of patients receiving treatment as a result of the mandate
- There will be a medical savings of 2.5% of total costs or \$0.04 PMPM for each new patient

Section 2. Social Analysis

As requested in the RFP, this section addresses questions regarding the demand for this benefit, the extent to which it is currently available, and the extent to which individuals are avoiding necessary health care treatment.

About the Mandate

Under this mandate, behavioral health wellness visits are no longer subject to cost sharing. Although this mandate does not require coverage of additional benefits, it is likely that more members will receive behavioral health services as a result of this mandate. A behavioral health wellness visit typically includesⁱ:

- An Assessment. A behavioral health assessment is similar to a medical assessment and generally includes gathering information on risk factors, comorbid conditions, and family history. The assessment is generally done in advance on paper or online. Ideally, the assessment relies on a valid, reliable survey instrument.
- Diagnosis and Treatment. Based on the assessment, a provider may diagnose the patient, provide some type of treatment, and/or refer the patient to another provider.
- Prevention and Health Promotion. The provider may share preventive information with the patient specific to their needs.
- Resources. The provider may also share information about resources available to the patient locally or through their insurance carrier.

The wellness visit may be conducted in person or online. In 2022 approximately 30% of all behavioral health services were conducted online.ⁱⁱ In part, this is because there is little or no physical examination during a behavioral health visit and simply because it is more convenient. A behavioral health wellness visit may be conducted by a primary care physician or a behavioral health specialist.

The Demand for Services

Currently, there is a demand and need for behavioral health services in general since there is a national behavioral health crisis in the United States. One of the benefits of a wellness visit is that the doctor or other clinician can diagnose the problem early and direct the patient to the appropriate care. An added benefit of a behavioral health wellness visit is that it removes some of the stigma associated with mental health treatment.ⁱⁱⁱ So far, two states, Delaware, and Connecticut, have enacted similar mandates.^{iv}

The Behavioral Health Crisis

Mental health disorders are one of the leading health-related problems on the planet. It is becoming a larger public health concern in the US as rates of anxiety, depression and suicide continue to rise. In 2001 suicide rates had leveled off at 10.7 deaths per 100,000 and this rate has been steadily increasing with the largest ever recorded increase between 2020 and 2021 when the suicide rate jumped up from 13.5 to 14.2 deaths per 100,000.^v

There is a myriad of factors that seem to be impacting the mental health of Americans, including the pandemic. The COVID-19 pandemic not only had a disturbing effect on the health of millions of Americans but it also had a dramatic impact on our behavioral health. A study in the Lancet quantified the impact of the pandemic on behavioral health. Estimates indicate that globally the prevalence of anxiety increased 26% increase^v. Factors such as social isolation, lockdowns, school closures, loss of livelihood, and decreases in economic activity all have substantially affected the mental health of the US population.

Legislative and Regulatory Activity

There has been considerable legislative and regulatory activity regarding the behavioral health crisis in general, including some activity regarding behavioral health wellness visits.

At the federal level, at President Biden's direction, the Department of Health, and Human Services (HHS) has articulated a strategy known as the HHS Road Map to Behavioral Health Integration to address the mental health crisis. The key components of this strategy include developing a diverse workforce to practice in integrated settings, leveraging health financing arrangements to promote parity, and investing in health promotion efforts.^{vi} In addition, the National Suicide Hotline Designation Act designated "988" as the new national three-digit number for the National Suicide Prevention Lifeline, making it easier for people in crisis to access help.^{vii}

Locally, Maryland's 2021 – 2022 Behavioral Health Crisis System Workgroup made several recommendations relating to best practices, a mobile response system for children, and the implementation of the 988 suicide prevention hotline. Maryland also has a system of hotlines and walk-in urgent care centers to assist Marylanders.^{viii}

Barriers to Better Care

The first step in addressing the behavioral health crisis is to identify the emotional, structural, and financial barriers to better health.

Emotional Barriers

A person with a behavioral health problem faces many barriers in their journey to better health, starting with emotional barriers. In some cases, the person may not recognize that they have a problem, which is the first step in the process. Others may recognize that they have a problem but are reluctant to receive care because of the stigma associated with receiving care. This is especially true of children and teenagers fearful of parental disapproval.

Financial Barriers

In 2020, 30% of adults aged 18 or older who had a behavioral health condition reported not receiving care because their insurance did not cover the services or did not pay enough for the service.^{ix} Although the Mental Health and Addiction Equity Act of 2008 mandated equal coverage for mental health and other medical conditions, gaps still exist and are growing.

Such gaps may be partially due to insurance practices like arbitrary medical necessity rules, network inadequacy, and required step therapy. For example, individuals seeking care through an in-network primary care physician may have coverage denied because the plan has a mental health carve-out. Similarly, many behavioral health specialists, especially psychiatrists, refuse to join a network because the reimbursement is more favorable on an out-of-network basis. From a consumer perspective, which means the service may not be covered at all under in-network only plans or it may be covered at a higher cost-share on a plan that does cover the service on an out-of-network basis.

Provider Shortages

Nationally, 165 million Americans, roughly half the country, live in designated health professional shortage areas (HPSA). The Health Resources and Services Agency estimates that 8,326 more providers are needed, including approximately 4,500 facilities.^x

Current Extent of Coverage

A survey of five health insurance payers was conducted to assess industry concerns with a behavioral health wellness visit mandate without cost-sharing.

In the current marketplace, behavioral health wellness visits are generally covered and subject to cost-sharing. Sometimes a non-behavioral health primary care office visit includes a behavioral health screening which may lead to a referral to a behavioral health specialist. If a behavioral health wellness visit is recorded as preventive care, it may be covered without cost-sharing. The use of telehealth services for behavioral health is often covered the same as in-person visits. Additionally, some payers provide an online behavioral health self-assessment that is free for members.

For purposes of determining cost-sharing provisions, some payers regard behavioral health specialists as primary care providers other payers regard behavioral health providers as specialists. In general, some payers have a 'Preventive Coverage Policy' which encompasses behavioral health wellness visits. Some payers specifically delineate medical policy related to behavioral health wellness visits.

If behavioral health wellness visits without cost-sharing are mandated, a successful implementation would include clarification on provider billing code requirements/expectations and sufficient implementation time. Payer contracting and system updates to accommodate waiving cost-sharing require significant time and resources.

It is also important to consider that policy changes could create workforce capacity issues. Those in greatest need should be able to access care. As an alternative to a behavioral health wellness visit, some payers advocate the use of integrated care and trained primary care professionals who can perform a behavioral health wellness check during an annual physical wellness exam and refer patients as appropriate to a behavioral health specialist. An idea behind this advocacy is that it will ensure there are adequate resources for those needing more complex care instead of diverting the time of specialized behavioral health providers. Furthermore, there is concern that mandating a specific behavioral health wellness visit may exacerbate existing silos between primary care and behavioral health and behavioral health should be addressed as part of the standard wellness exam to promote overall health.

With a behavioral health wellness visit mandate, clarity is needed on the definition of a behavioral health wellness visit, as well as specifications on the scope of which providers can provide the annual behavioral health wellness exam as clear definition of codes/modifiers used to identify and distinguish these services from other office visits. Additionally, the ability to track the use of annual behavioral health wellness is viewed as important.

From a financial perspective, one payer believes incorporating behavioral health wellness checks into the standard annual physical wellness visit is more cost-effective. Some payers believe a single annual behavioral health visit limit and the use of telehealth align with medical preventive care to control and manage costs. Other payers generally believe this mandate will increase system costs and potentially divert attention of behavioral health professionals to patients with less acuity.

To minimize the potential for fraud, waste, and abuse with such a mandate, there should be checks in place to assure that only the appropriate number of wellness visits are conducted and/or cost-sharing is only waived for the appropriate number of visits. The potential for fraud, waste and abuse monitoring will also be dependent upon billing codes in use. One payer believes patients prone to misusing this type of service may exaggerate their symptoms and receive priority for appointments in an already constrained appointment opportunity.

Section 3. Medical Analysis

As requested in the RFP, the medical analysis addresses the extent to which this mandate is accepted by the medical community and the extent to which this service is used by treating physicians. In this case, a distinction has to be made between the underlying service, the behavioral health wellness visit, and the mandate, eliminating cost-sharing. This section addresses just the medical benefits associated with the wellness visit. The next section discusses the implications of the mandate.

The Importance of Behavioral Health Wellness Visits

It is common in our society to prioritize our physical health over our mental health. The chasm between these two equally important components of our overall health is beginning to narrow. We are still overcoming some of the negative undertones associated with seeing a psychiatrist for mental health disorders which is one of many reasons we prioritize physical health diseases. Mount Sinai Medical Center, in its article [Mental Health Check-up and its Importance^{xi}](#), says that “Early identification and treatment is especially helpful because later stages often trigger some kind of personal crisis, which then makes treatment much more involved [and expensive].^{id}” Dr Enamorado (psychiatrist with Mount Sinai Medical Center) goes on to say that “having a mental health checkup is just as important, and should be conducted with the same regularity, as a physical checkup.^{id}”

Clinical Guidelines

There is a myriad of clinical guidelines for behavioral health disorders, including those for autism, substance abuse, and eating disorders.^{xii} The United States Preventive Services Task Force, however, only gives A or B recommendations to screenings for anxiety, depression, and substance abuse. An A or B rating means that the Task Force highly recommends the screening and there is a moderate to high net benefit to the patient. In Maryland, the definition of a preventive service includes most USPSTF A and B recommended services. To be clear, coverage of a screening does not necessarily mean that the related wellness visit is. That is a legal question.

Integrated Behavioral Health

In recent years, there have been several calls to move toward integrating behavioral health services with primary services and navigator resources to achieve a “whole person” approach to care. The emphasis on integrated behavioral health is driven in part by the fact that 70% of patients with a behavioral health disorder have a medical comorbidity and 30% of adults with a medical condition also have a behavioral health comorbidity. The American Hospital Association has listed^{xiii} several potential benefits for integrated care, including improved patient outcomes, reduced total cost of care, increased access to behavioral health services, and enhanced patient satisfaction.

Although this mandate does not directly tie to the concept of integrated behavioral health, removing the cost-sharing would facilitate the process.

Section 4. Financial Analysis

As requested in the RFP, this section provides an estimate of both the marginal cost and total cost of the mandate. The model and key assumptions underlying this analysis are shown in Appendix A. The model assumes that the bill is enacted in 2024 with an effective date of 1/1/2025.

Premium Impact

As shown in rows u. and v. of Table 2, if the legislation is passed, then the expected premium increase in 2025 will be \$0.37 per member per month for a net premium increase of 0.05%. The primary driver of this result is the reduction in cost share, which is estimated to be \$0.37 in 2025. Assuming a savings of 2.5% per new patient, the medical savings offset the increased cost share for new patients. A few other comments:

- The numbers above assume that the mandate will increase the utilization of mental health services by 2% per year. The increase in utilization will most likely be a combination of providers being more likely to recommend the visit and patients being more likely to comply.
- Because this is a cost-share mandate, it is unlikely that there will be any substitution of services.
- It is unlikely that employers and individuals will forego coverage because of a possible increase of this magnitude.

Cost to the State

According to federal law, states are required to defray the cost of state mandates not included in the state's essential benefits list. AHP cannot opine on whether or not this mandate requires a defrayal since that is a legal issue and not an actuarial issue. That said, one interpretation of this mandate is that behavioral health wellness visits are preventive visits since the USPSTF recommends screenings for certain conditions and those conditions would most likely be covered as part of any wellness visit. If the fact that the screening is preventive means that the behavioral health visits are preventive and should be covered without any cost-sharing.

If that is not the case, then AHP estimates that the cost to the state in 2025 would be \$4.1 million assuming that the mandate applies to the current level of applicable members (922,361).

Administrative Costs

In order to implement this mandate, each payer will have to determine the appropriate algorithms for determining when the mandate applies and update their systems accordingly. This cost will vary by carrier.

Section 5. Actuarial Considerations

This report has been prepared by Gregory G. Fann, FSA, FCA, MAAA, who is also the primary contact. The report has been peer-reviewed by:

- Erik D. Axene, MD, FACEP, M.Ed.
- Joan C. Barrett, FSA, MAAA
- Ryan Bilton, FSA, CERA, MAAA
- Tony Pistilli, FSA, CERA, MAAA, CPC

Except for our clinical expert, Dr. Axene, all members of the team members of the American Academy of Actuaries (MAAA) in good standing and are qualified to perform this work. This report was prepared in accordance with the following Standards of Practice as promulgated by the Actuarial Standards Board of the American Academy of Actuaries:

- Actuarial Standards of Practice No. 1, "Introductory Standard of Practice"
- Actuarial Standards of Practice No. 5, "Incurred Health and Disability Claims"
- Actuarial Standards of Practice No. 23, "Data Quality"
- Actuarial Standards of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages"
- Actuarial Standards of Practice No. 41, "Actuarial Communication"
- Actuarial Standards of Practice No. 56, "Modeling"

Although AHP has performed due diligence in researching the legal implications of this analysis, this report does not constitute a legal opinion and the reader should consult their own legal counsel about specific legal issues.

Appendix A. Financial Analysis

The financial analysis was completed in two parts. The first part, shown in Table A.1, projects average future costs assuming the mandate does not pass. The second part, shown in Table A.2, projects costs assuming the mandate passes.

Table A.1 Mandate Does Not Pass

			Baseline	Projected Costs				
			2024	2025	2026	2027	2028	2029
a.	Distribution of Members	Other Mental Illness	173	175	176	178	180	182
b.		Serious Mental Illness	55	56	56	57	57	58
c.		No Mental Illness	772	770	767	765	763	760
d.		Total	1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
e.	Cost Per BH Wellness Visit	Allowed Costs	\$ 200	\$ 210	\$ 221	\$ 232	\$ 243	\$ 255
f.		Cost Share	\$ 30	\$ 32	\$ 33	\$ 35	\$ 36	\$ 38
g.		Net Paid	\$ 170	\$ 179	\$ 187	\$ 197	\$ 207	\$ 217
h.	Patients Receiving Care	% Other Mental Illness	47.2%	47.2%	47.2%	47.2%	47.2%	47.2%
i.		% Serious Mental Illness	65.4%	65.4%	65.4%	65.4%	65.4%	65.4%
j.		Patients Receiving Wellness Visits	118	119	120	121	122	124
k.	Total Costs BH Wellness Visits	Allowed Costs	\$ 23,525	\$ 24,948	\$ 26,458	\$ 28,059	\$ 29,756	\$ 31,556
l.		Cost Share	\$ 3,529	\$ 3,742	\$ 3,969	\$ 4,209	\$ 4,463	\$ 4,733
m.		Net Paid	\$ 19,996	\$ 21,206	\$ 22,489	\$ 23,850	\$ 25,293	\$ 26,823
n.	Total Annual Costs Per 1,000 Members	Other Mental Illness	\$ 7,000	\$ 7,490	\$ 8,014	\$ 8,575	\$ 9,176	\$ 9,818
o.	(Excluding BH Wellness Visits)	Serious Mental Illness	\$ 10,000	\$ 10,700	\$ 11,449	\$ 12,250	\$ 13,108	\$ 14,026
p.		No Mental Illness	\$ 6,000	\$ 6,420	\$ 6,869	\$ 7,350	\$ 7,865	\$ 8,415
q.		Total	\$ 6,393,000	\$ 6,844,715	\$ 7,328,390	\$ 7,846,288	\$ 8,400,836	\$ 8,994,630
r.	Total Annual Costs Per 1,000 Members	Total	\$ 6,412,996	\$ 6,865,921	\$ 7,350,879	\$ 7,870,138	\$ 8,426,128	\$ 9,021,453
s.	Premium Calculation	Loss Ratio	85%	85%	85%	85%	85%	85%
t.		Total Premium Per Member Per Month	\$ 629	\$ 673	\$ 721	\$ 772	\$ 826	\$ 884
u.	BH Wellness Visits Cost Share	% of Premium	0.06%	0.05%	0.05%	0.05%	0.05%	0.05%
v.		Per Member Per Month	\$ 0.35	\$ 0.37	\$ 0.39	\$ 0.41	\$ 0.44	\$ 0.46

The key assumptions used in this table include:

- Information about the distribution of members (rows a. – d. and rows h.-i.) is based on information from the National Institute of Mental Health^{xiv}
- Information about the cost distribution (rows j. – k. and rows l. – o.) is based on AHP proprietary data
- Cost trends are assumed to be 5% across the board and total cost trends are assumed to be 7%

Table A.2 The Mandate is Enacted

Key assumptions in the table include:

- There will be a 2% annual increase in the percentage of patients receiving treatment as a result of this mandate
- There will be medical savings of 2.5% of total costs for each new patient.

			Baseline	Projected Costs				
			2024	2025	2026	2027	2028	2029
a.	Distribution of Members	Other Mental Illness	173	175	176	178	180	182
b.		Serious Mental Illness	55	56	56	57	57	58
c.		No Mental Illness	772	770	767	765	763	760
d.		Total	1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
e.	Cost Per BH Wellness Visit	Allowed Charges	\$ 200	\$ 210	\$ 221	\$ 232	\$ 243	\$ 255
f.		Cost Share	\$ 30	\$ -	\$ -	\$ -	\$ -	\$ -
g.		Net Paid	\$ 170	\$ 210	\$ 221	\$ 232	\$ 243	\$ 255
h.	Patients Receiving Care	% Other Mental Illness	47.2%	48.1%	49.1%	50.1%	51.1%	52.1%
i.		% Serious Mental Illness	65.4%	66.7%	68.0%	69.4%	70.8%	72.2%
j.		Patients Receiving Wellness Visits	118	121	125	129	132	136
k.	Total Costs BH Wellness Visits	Allowed Charges	\$ 23,525	\$ 25,447	\$ 27,527	\$ 29,776	\$ 32,209	\$ 34,841
l.		Cost Share	\$ 3,529	\$ -	\$ -	\$ -	\$ -	\$ -
m.		Net Paid	\$ 19,996	\$ 25,447	\$ 27,527	\$ 29,776	\$ 32,209	\$ 34,841
n.	Medical Savings Per 1,000 Members	New Patients	-	2	5	7	10	13
o.		Savings Per Patient	\$ -	\$ (187)	\$ (197)	\$ (206)	\$ (217)	\$ (228)
p.		Total Savings	-	(445)	(953)	(1,531)	(2,187)	(2,929)
q.	Total Annual Costs Per 1,000 Members	Other Mental Illness	\$ 7,000	\$ 7,490	\$ 8,014	\$ 8,575	\$ 9,176	\$ 9,818
r.	(Excluding BH Wellness Visits)	Serious Mental Illness	\$ 10,000	\$ 10,700	\$ 11,449	\$ 12,250	\$ 13,108	\$ 14,026
s.		No Mental Illness	\$ 6,000	\$ 6,420	\$ 6,869	\$ 7,350	\$ 7,865	\$ 8,415
t.		Total	\$ 6,393,000	\$ 6,844,715	\$ 7,328,390	\$ 7,846,288	\$ 8,400,836	\$ 8,994,630
u.	Total Annual Costs Per 1,000 Members	Total	\$ 6,412,996	\$ 6,869,718	\$ 7,354,963	\$ 7,874,533	\$ 8,430,858	\$ 9,026,542
v.	Premium Calculation	Loss Ratio	85%	85%	85%	85%	85%	85%
w.		Total Premium Per Member Per Month	\$ 629	\$ 674	\$ 721	\$ 772	\$ 827	\$ 885
x.	Change Due to Legislation	% of Premium	0.0%	0.06%	0.06%	0.06%	0.06%	0.06%
y.		Premium Per Member Per Months	\$ -	\$ 0.37	\$ 0.40	\$ 0.43	\$ 0.46	\$ 0.50
z.	Defrayal Costs, If Applicable	Average Members	922,361	922,361	922,361	922,361	922,361	922,361
aa.		Total Defrayal Costs, If Applicable	\$ -	\$ 4,120,000	\$ 4,432,000	\$ 4,769,000	\$ 5,132,000	\$ 5,523,000

Appendix B. Survey Language

MARYLAND HEALTH CARE COMMISSION

Procurement ID Number: MHCC 24-006

Carrier Name:

Contact Person Name:

Contact Person Email:

The purpose of this survey is to determine whether carriers provide coverage and reimburse an annual behavioral health wellness visit on the same basis and at the same rate as an annual wellness visit for somatic health.

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Appendix C. Survey Results Summary

MARYLAND HEALTH CARE COMMISSION

Procurement ID Number: MHCC 24-006

Carrier Name:

Contact Person Name:

Contact Person Email:

Appendix D. Payer A Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

We standardly covers in-person behavioral health assessment and therapy services (i.e. 90791-90792, 90832-90837) and services are subject to cost-sharing, per terms of the plan.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

We standardly covers virtual (telehealth) behavioral health assessment and therapy services (i.e. 90791-90792, 90832-90837) and services are subject to cost-sharing, per terms of the plan.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

No.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Specialist.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

N/A

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Clarification on provider billing code requirements/expectations.

Sufficient implementation time, as contracting and system updates to accommodate cost-share waiving require significant time and resources.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Ensure checks are in place that only the appropriate number of wellness visits are conducted and/or cost-share is only waived for the appropriate number of visits.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Ensure checks are in place that only the appropriate number of wellness visits are conducted and/or cost-share is only waived for the appropriate number of visits. The potential for FWA monitoring will also be dependent upon billing codes in use – if recommended codes can be used for other services, FWA monitoring will be more complicated.

Appendix E. Payer B Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

We encourage primary care providers and pediatricians to do initial screenings for behavioral health and then refer, as needed, to a behavioral health specialist. Behavioral Health visits are covered, including Diagnostics, with cost-share.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, see above.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

Yes; it is free for members.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

For Maryland insured products in 2024, our cost sharing aligns with the primary care providers.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

See #1. BH services, including diagnostics are covered for member initiating contact with providers based on their perceived need for care. If diagnostic criteria has not been met for a mental disorder, we still reimburse the provider for services rendered.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

There should be consideration for the existing behavioral health (MH/SUD) workforce capacity issues to ensure those in greatest need are able to access care. We encourage the use of integrated care and believe primary care professionals (M.D., D.O., PA, NP etc.) who are trained in behavioral health to perform a behavioral health wellness check during an annual wellness exam (i.e., physical) and then refer, if needed, to a behavioral health specialist. This will ensure there are adequate resources for those needing more complex care instead of diverting the time of specialized behavioral health providers. Furthermore, mandating a behavioral health wellness visit exacerbates existing silos between primary care and behavioral health. Behavioral health should be addressed as part of the standard wellness exam to promote overall health.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

See #6. If behavioral health wellness visits are mandated, costs and utilization will increase across the board. Incorporating behavioral health wellness checks into the standard annual wellness will help to alleviate this issue and ensure timely access to care. Additionally, mandating visits will exacerbate existing provider shortages which could have the unintended consequences of increased wait times and individuals going out of network to receive care which will increase patient costs.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?



Mandating behavioral health wellness visits could potentially incentivize providers to increase their visit volume to perform this service. This will have negative downstream implications for health outcomes as providers will have reduced time to provide care and counsel to individuals with more complex behavioral health needs. This could lead to individuals receiving delayed care or forgoing care entirely which will likely result in increased costs to the health care system, particularly for individuals with comorbidities.



Appendix F. Payer C Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes. Covered as a typical office visit with cost-sharing.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes. Telehealth visits are currently covered with no cost share.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

No. All self-assessments are used by providers to assess clinical acuity and develop treatment plans, and monitor clinical progress.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Primary care providers.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

No

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Staffing, coding, billing. This type of service would be best accomplished by Employee Assistance Programs and/or by Behavioral Medicine Specialists.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Wellness visits are not performed by most network providers/practices so this mandate would create a significant increase in competition for appointments. These visits would be a strain on access for patients who have proactively reached out of mental health therapy. Access for urgent care, routine follow-up, and new evaluations have lengthened the time it takes to be able to adequately meet current demands. Adding this mandate will require developing a new appointment type, appropriate billing and coding system integrations, and increased staffing.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Adherence to measurement outcomes (PHQ-9/GAD-7/CSSRS) will be a challenge. Patients prone to misusing this type of service will falsely elevate or exaggerate their symptoms and receive priority for appointments in an already constrained appointment opportunity.





axene health partners
HEALTH ACTUARIES & CONSULTANTS

Appendix G. Payer D Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes. Typically, these visits are billed by the provider using a standard office visit code and the applicable office visit cost share would apply.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, and Yes.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

Yes. No cost sharing is applied.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

It depends, cost sharing is determined consistent with federal MHPAEA requirements and can result in behavioral health services and providers being aligned to primary care or specialist depending on the terms of the plan.



5. Do you have a specific medical policy relating to behavioral health wellness visits?
If so, please describe the key components of the policy.

We are unaware of any specific medical/clinical policy related to behavioral health wellness visits but here is a link to our general medical policy relating to behavioral health.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Key issues we have encountered in states which have implemented annual behavioral health wellness exam/visits mandates include: (1) specifications on the scope of which providers can provide the annual behavioral health wellness exam; (2) clear definition of codes/modifiers used to identify and distinguish these services from other office visits and can be used by all types of providers who are in scope to provide these services; and (3) ability to track the use of annual behavioral health wellness.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Key issues we have encountered in states which have implemented annual behavioral health wellness exam/visits mandates include: (1) specifications on the scope of which providers can provide the annual behavioral health wellness exam; (2) clear definition of codes/modifiers used to identify and distinguish these services from other office visits and can be used by all types of providers who are in scope to provide these services; and (3) ability to track the use of annual behavioral health wellness.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

No new major issues have been identified.

Appendix H. Payer E Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes, we cover in-person behavioral wellness visits. If visit is billed as preventive, it will pay at no cost share. If billed as diagnostic, it would pay according to the member benefit.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, we cover virtual (telehealth) behavioral health wellness visits same as in-person.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

We currently offer depression and anxiety screenings on aetna.com regardless of membership. We have a number of buy-up programs where incentives for completing health and wellness assessments is dependent upon the incentive structure of the plan's program. Incentives can yield points or dollars, and completion can result in redemption of gift cards, HSA contributions, or premium deductions.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Behavioral health providers are treated as specialists for cost sharing purposes.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

We have a Preventive Coverage Policy that encompasses behavioral health wellness visits. For plans that are covered under ACA we provide wellness visits as required by the following agencies according to preventive care guidelines:

- Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC)
- United States Preventive Services Task Force (USPSTF)
- Health Resources and Services Administration
- American Academy of Pediatrics/Bright Futures/Health Resources and Services -Administration guidelines for children and adolescents.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Any issues would be dependent on how a state defines wellness visits and outlines requirements. Detailed diagnostic and procedure codes are recommended for clarity.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

We recommend a single annual visit limit to align with medical preventive care to control and manage costs. We encourage telehealth to support member access to care.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Should new major issues arise if BH wellness visits are mandated, we have a dedicated department to monitor and address as needed.

Endnotes

ⁱ O'Donohue, William, Zimmerman, Martha, Handbook of Evidence-Based Prevention of Behavioral Disorders in Integrated Care, Springer, 2021 [The Behavioral Health Wellness Visit | SpringerLink](#)

ⁱⁱ [Choosing Or Losing In Behavioral Health: A Study Of Patients' Experiences Selecting Telehealth Versus In-Person Care | Health Affairs](#)

ⁱⁱⁱ O'Donohue, William, Zimmerman, Martha, Handbook of Evidence-Based Prevention of Behavioral Disorders in Integrated Care, Springer, 2021 [The Behavioral Health Wellness Visit | SpringerLink](#)

^{iv} [Health Costs, Coverage and Delivery State Legislation \(ncsl.org\)](#)

^v [Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic - The Lancet](#)

^{vi} [HHS Roadmap for Behavioral Health Integration | HHS.gov](#)

^{vii} [untitled \(congress.gov\)](#)

^{viii} [Behavioral Health Walk-In & Urgent Care Centers. Resource Guide 2023.9.6. \(maryland.gov\)](#)

^{ix} [Exploring Barriers to Mental Health Care in the U.S. | Research and Action Institute \(aamcresearchinstitute.org\)](#)

^x [Shortage Areas \(hrsa.gov\)](#)

^{xi} [Mental Health Check-up and its importance - Mount Sinai Medical Center \(msmc.com\)](#)

^{xii} [Behavioral Health Clinical Practice Guidelines 2020-2021 | Blue Cross and Blue Shield of New Mexico \(bcbsnm.com\)](#)

^{xiii} [Integrating Physical and Behavioral Health: The Time is Now | AHA](#)

^{xiv} [Products - Data Briefs - Number 419 - October 2021 \(cdc.gov\)](#)

SB124 - Annual Behavioral Health Well Visit - Spon

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



James Senate Office Building
11 Bladen Street, Room 214
Annapolis, Maryland 21401
410-841-3745 · 301-858-3745
800-492-7122 Ext. 3745
Fax 410-841-3387 · 301-858-3387
Malcolm.Augustine@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 13, 2024

Senate Bill 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Dear Colleagues,

I am pleased to present **Senate Bill 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement**, which aims to address systemic gaps in our behavioral health care system.

Maryland has made commendable strides in enhancing the response to behavioral health crises, but we must not overlook the importance of a comprehensive continuum of care. Senate Bill 124 seeks to rectify existing gaps by focusing on prevention and early intervention, ensuring that we address mental health concerns before they escalate into crises. According to a 2022 survey conducted by the Maryland Department of Health, approximately 12.3% of adult Marylanders reported poor mental health for more than 14 days in the past month. While these individuals may not meet the criteria for a diagnosable mental illness, their struggles undoubtedly impact their work, family, and relationships. The question we must ask is, where can they turn for support and intervention?

One of the critical issues at hand is that behavioral health providers are currently not covered for prevention or early intervention services—only for treatment. This means that individuals seeking assistance for symptoms in the early stages, before significant disruption occurs in their daily lives, often face barriers to reimbursement unless a formal diagnosis is made. This creates a system that predominantly relies on crisis-based referrals.

Several states, including Colorado, Massachusetts, Delaware, Connecticut, and Illinois, have already taken steps to bridge this gap by passing legislation requiring coverage of annual behavioral health wellness visits for prevention and early intervention. These visits differ from routine screenings, providing a comprehensive assessment of symptoms, risk factors, family history, and resources related to prevention and health promotion.

In Maryland, 314,000 individuals report not receiving the necessary mental health care, with one-third citing cost-related barriers. Senate Bill 124 aims to alleviate these obstacles by defining and mandating coverage for an annual "Behavioral Health Wellness Visit." This preventive service, provided at no cost to the patient, is designed to prevent mental illness and promote mental well-being.

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



James Senate Office Building
11 Bladen Street, Room 214
Annapolis, Maryland 21401
410-841-3745 · 301-858-3745
800-492-7122 Ext. 3745
Fax 410-841-3387 · 301-858-3387
Malcolm.Augustine@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

The bill outlines specific provisions, including the definition of a Behavioral Health Wellness Visit and the qualifications of providers who can offer this service. Importantly, it requires insurance carriers to cover and reimburse these visits at the same rate, irrespective of whether a behavioral health diagnosis is made. This mirrors the approach taken with annual physicals, ensuring that preventive visits are covered and providers are reimbursed. As for the cost implications, at the request of the Senate Finance Committee, the Maryland Health Care Commission completed a cost study that estimates a minimal 0.05% increase in premiums, or \$0.37 per member per month in 2025. This calculation assumes a 2% annual increase in the utilization of behavioral health services. Furthermore, and very importantly, the MHCC anticipates that a **total cost savings of 2.5%** will offset the increased cost share for new patients.

It's essential to highlight the distinction between a Behavioral Health Wellness Visit and a behavioral health screening in a primary care setting. The former allows for a more comprehensive assessment, including family history, risk factors, and the development of prevention plans. Unlike brief screenings, wellness visits complement a collaborative care approach by focusing on prevention and early intervention. To address billing concerns, the bill suggests using existing codes with appropriate modifiers or developing new codes, aligning with practices in other states such as Colorado and Massachusetts.

Senate Bill 124 is a critical step toward a more inclusive and effective behavioral health care system in Maryland. By prioritizing prevention and early intervention, we can reduce the burden on individuals, families, and the overall health care system. Thank you for your attention to this critical matter. I urge the committee to give a **favorable** report for **Senate Bill 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement**.

Sincerely,

A handwritten signature in cursive script that reads "Malcolm Augustine".

Senator Malcolm Augustine

2024 MOTA SB 124 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee: Senate Finance Committee

Bill Number: Senate Bill 124

Title: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Hearing Date: February 13, 2024

Position: Support

The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement. This bill requires coverage and reimbursement for annual behavioral health wellness visits in state regulated private insurance plans.

Occupational therapists address barriers that individuals with mental health conditions experience in the community by providing interventions that focus on enhancing existing skills; remediating or restoring skills; modifying or adapting the environment or activity; and preventing relapse. As such, both the National Board for Certification in Occupational Therapy (NBCOT) and the American Occupational Therapy Association (AOTA) include mental health services within the scope of practice for occupational therapists. Many Marylanders do not have access to necessary care due to gaps in our system. This bill will help close these gaps by investing in prevention and early intervention for serious behavioral health conditions.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

SB124 FAV.pdf

Uploaded by: Morgan Mills

Position: FAV



February 13, 2024

Chairwoman Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

SB124 aims to require health insurers, non-profit health services plans, and health maintenance organizations to provide coverage for annual behavioral health wellness visits. Many health insurance plans cover annual health check-ups once a year. This is a common example of preventative care. However, many of these plans do not cover annual mental and behavioral health wellness visits.

NAMI MD supports mandatory coverage and full parity for mental health that is equal in scope to physical health coverage. Insurance plans must cover mental illnesses at parity with all other medical disorders. Consumers should be empowered to achieve wellness through behavioral health screenings as people with serious mental illnesses have the same rights and expectations as anyone else to live healthy and fulfilling lives.

Screening for the health and well-being of a person is already a well-established practice. We screen for vision, hearing, overall physical health, and wellbeing, so as a state, we should be taking steps to implement mental health screenings as well. Research shows that early identification and intervention leads to better outcomes. 1 in 5 U.S. adults experience a mental illness each year. For Marylanders to seek treatment for mental illness, they must first be aware of its existence. Requiring insurance plans to cover an annual mental health screening not only achieves parity, but it also alleviates stigma surrounding mental health conditions.

For these reasons, NAMI MD urges a favorable report.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

NCADD-MD - 2024 SB 124 FAV - BH Wellness Visit - S

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee
February 13, 2024**

**Senate Bill 124
Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health
Wellness Visits - Coverage and Reimbursement
Support**

NCADD-Maryland supports Senate Bill 123 which will require commercial insurance carriers to reimburse for a “Behavioral Health Wellness Visit.” The requirement will create greater equity between somatic care and behavioral health care, for just as we are afforded an annual physical, we should, if we choose, to also have a behavioral health assessment.

These comprehensive assessments are used by trained clinicians authorized by Maryland law to determine if we have a diagnosable mental health or substance use disorder. But unlike a physical when we’re lucky enough to not have any health problem identified, if the clinician does not find a diagnosable behavioral health disorder, they do not get reimbursed by insurance.

What does this do? It deters people from asking for help at the early stages of a problem. Just like with a physical, if a problem is detected early, interventions can take place. We know this benefits health outcomes, and saves money in the health care system. If a problem is not detected, we can learn strategies on how to avoid them down the road.

There unfortunately is great stigma around mental health and substance use disorders. It is one of the many barriers to care. If people have a choice to get a behavioral health wellness visit, problems may be detected earlier and hopefully treatment can start sooner. The fiscal note on the bill lists all the mandated screenings that are covered under the Affordable Care Act. A screening is not the same thing as a comprehensive assessment. We’ve all had those screenings – where our primary care provider asks use how much alcohol we drink, do we feel depressed, if we use drugs. Those are important tools for identifying the next step in the process – a full assessment. It is only at that level that a diagnosis can be made.

We ask you to remember that not everyone will choose to engage in a behavioral health wellness visit. We also ask you to realize that for those who do, there will be a percentage of people who truly need help who might actually get it a little sooner and have better outcomes.

We urge a favorable report on Senate Bill 124.

SB124 Written Testimony.pdf

Uploaded by: Natalie Sorlin

Position: FAV

Written Testimony

Finance Committee

SB 124 / HB 400

Position: SUPPORT

This testimony outlines the support of Natalie Sorlin, student at the University of Baltimore School of Law and Legal Policy Intern at Sheppard Pratt, of SB 124 / HB 400. It is my hope that the Maryland General Assembly vote a favorable report on this legislation.

SB 124 / HB 400 will improve the access of behavioral health care and increase the likelihood that behavioral health diagnoses are made relatively close to the onset of symptoms. This will shorten the duration of time in which treatment is needed and lessen the need for more intensive treatment.

Maryland is no exception to the mental health crisis that the United States is currently facing. Mental Health America's 2023 findings indicate that Maryland is ranked number 8 in the U.S. for the prevalence of adults and youth with mental health and substance use issues compared to number 11 in 2022. In 2023, 17.8 percent of Maryland adults were reported to have a mental, behavioral, or emotional disorder, not including substance use disorders. Additionally, 55 percent of adults in Maryland did not receive care for their mental illness in 2023. These findings demonstrate that although on a national scale Maryland has a lower prevalence of behavioral health issues in comparison to other states, a substantial number of Marylanders remain affected and without treatment.

Coverage of annual behavioral health wellness visits with a qualified provider is an effective means of mitigating the current mental health crisis in Maryland. These visits will provide assessments that result in early detection for those in need of treatment and an opportunity for providers to begin treatment. For patients with more serious diagnoses that are in need of specialized care, the provider has the opportunity to offer resources or referrals for the behavioral health care that is needed.

The National Alliance on Mental Illness has reported an average of 11 years between the onset of symptoms of mental illness and intervention. Coverage of annual behavioral health visits will undoubtedly decrease the length of time between when symptoms first appear and when patients are diagnosed and treated by an appropriate provider. This will result in more effective treatment and better outcomes for patients.

Additionally, SB 124 / HB 400 will incentivize Marylanders to be assessed for behavioral health problems without the fear that the visit will not be covered in the event that no behavioral health diagnosis is made. This will eliminate the deterrence to seek an assessment for many.

SB 124 / HB 400 has good intentions and I am in support of this legislation, but the legislature must additionally take into consideration the barriers to the implementation of this bill. Specifically, access to qualified providers and treatment services may hinder the effectiveness of this legislation.

Further, early intervention of mental health and substance abuse disorders will likely reduce the duration and expenses of treatment. Behavioral health issues that are left untreated are more likely to cause hospitalization and have a longer recovery period than those issues that are diagnosed and treated closer to the onset of symptoms. Early intervention will additionally lessen the need for more intensive treatment that may disrupt the life of the patient. Thus, eliminating the financial barrier to receiving an annual behavioral health assessment will lead to a better quality of life for those who have access to appropriate providers and treatment.

SB 124- LWVMD- FAV- Annual Behavioral Health Welln

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE FINANCE COMMITTEE

SB0124: Maryland Medical Assistance Program and Health Insurance- Annual Behavioral Health Wellness Visits- Coverage and Reimbursement

POSITION: Support

BY: Linda Kohn, President

DATE: 2/13/2024

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. **The League believes that every U.S. resident, including children, should have access to quality, affordable behavioral health care that is integrated with, and achieves parity with, physical health care.** Behavioral health problems directly impact a person's physical health, and life. People with untreated behavioral health problems can wind up in Emergency Departments, Intensive Care units, jails, or morgues.

The League supports **Senate Bill 124: Maryland Medical Assistance Program and Health Insurance- Annual Behavioral Wellness Visits- Coverage and Reimbursement**, which would expand access to affordable behavioral health care by mandating that certain health insurers provide coverage and reimbursement for an annual behavioral health wellness visit. **This annual assessment would help with early identification of mental health and substance use problems before they become crises.**

Establishing this wellness visit as a routine covered service would reduce barriers to behavioral health care both by making it more affordable and by reducing the hesitancy to ask for and accept help because of the stigma that often accompanies this type of treatment.

This care is urgently needed. Per the Department of Legislative Services' 2024 Issue Paper on Health and Health Insurance,¹ the *Youth Risk Behavior Survey* for the 2021-2022 school year showed that between 35% and 40% of Maryland middle and high schoolers reported feeling "sad/hopeless." Shockingly, over 25% of middle schoolers and 20% of high schoolers disclosed that they have "seriously considered suicide." The Issue Paper also notes that 27.3% of Maryland adults reported symptoms of anxiety and/or depression, with almost a third of them unable to obtain treatment.

Clearly, Marylanders need increased access to the behavioral health treatment that can reduce this kind of suffering. For that reason, the League of Women Voters Maryland, representing 1,500+ concerned citizens throughout Maryland, urges a favorable report on Senate Bill 124.

¹ <https://dls.maryland.gov/pubs/prod/RecurRpt/Issue-Papers-2024-Legislative-Session.pdf>

OliviaSuite SB124 Testimony 2024.pdf

Uploaded by: Olivia Suite

Position: FAV

02/08/2024

SB124- Maryland Medicaid Assistance Program and Health Insurance- Annual Behavioral Health Wellness Visits- Coverage and Reimbursement.

Committee: Finance

Position: FAV

I Olivia Suite am testifying FWA for Senate bill 124.

As a 20-year-old young adult, I feel as if having covered required behavioral health wellness visits are essential for all ages. Being a young adult, having to pay for behavioral health wellness visits is a struggle financially. This can cause many young adults ranging from that crucial age of transitional period (18- 26-year-olds) to push away help that is needed. Covered behavioral health wellness visits should be preventive care for all ages, just like a normal dentist cleaning is. This would reduce the stigma across the board for mental health and help all ages get mentally healthy, like the rest of their body is pushed to do (yearly). Having the stigma reduced towards mental health will increasingly lower the rates of people suffering with undiagnosed behavioral health challenges.

I was one that had mental health disorders run in my family genetically. During my teenage years I became severely depressed with overwhelming social anxiety. My parents struggled financially while I was growing up, so they did not have the extra money to go to any other appointments that weren't covered by insurance. I dropped out of high school before I started to seek help for myself. If I had annual behavioral health check ins that were covered by insurance, I would have gotten help sooner and I do believe I could have pushed through my high school years. But it wasn't. I now pay for any behavioral health needs that I physically need in order to get through my days. I spend \$165 every 2 weeks on my own to pay for therapy. That is \$330 a month out of my paycheck to get normal wellness of mine in line. I should note that I should be going every week, per my therapist, but I cannot afford it. I suffer from a chronic health condition as well, how come every visit for that is covered but my mental health is just not as important? Something to think about in a young adults' eyes.

I also feel with older aged adults it is just as crucial as a young adult. My great grandfather didn't have much money after working on a farm his whole life. Most of his money was from the state. He could barely afford groceries let alone uncovered visits. He was an undiagnosed schizophrenic for years due to the overwhelming amount of costs for a behavioral health "check in" or just an exam. He attempted to take his life 3 times before he got the help he needed, and even then, our entire family had to help pay. That is super upsetting, our younger folks and older folks are drowning in medical bills. The least we can do is get the help of covering the one thing that helps us get up in the morning, our mental health.

I don't want to put off any middle-aged adults either, my sister currently struggles with her own mental health challenges but her children are her top priority so she must make sure they are in the most of check before she can even start to worry about herself. After using the small amount of money, she must spend on specialists for her children, she has nothing left to be able to pay and find help for herself. This leaves her with more mental health issues in the end. Realizing the

financial struggle, she is in she can't even get an exam. It does so much more to a person than you think, having to sit back and realize you cannot help yourself even if you wanted to. And this is where it needs to stop.

Mental health is health. It should be covered just as my yearly physicals are, or how my 6month dental cleaning is. We need to do better checking in within our community to stop the problem sooner. We the people need help, we are just asking for a small lift.

Thank you for your time,

Olivia Suite

26810 Three Notch Road, Mechanicsville, MD 20659.

SB0124 Testimony.pdf

Uploaded by: Sarah Paul

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

February 12, 2024

Senate Bill 0124: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0124: Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement

The mental health of Americans has increasingly gotten worse over the last several years. According to the National Alliance on Mental Illness, 1 in 5 Americans experience any given type of mental illness, and as for the youth of America, around 17% of kids 6-17 years old experience mental illness. (2023). Maryland is no different. By February 2021, 39% of Marylanders suffered symptoms of anxiety and depression, and yet 31.3% were unable to receive treatment. Nearly 1/3 of those who did not receive needed treatment reported that cost was the main barrier. Nearly 6% of people in Maryland are currently uninsured (National Alliance on Mental Illness Maryland, n.d.). There is an even larger disparity among marginalized groups within the United States and Maryland, which only reinforces an extensive cycle of vulnerability. Without proper treatment, people may resort to substance abuse as a means to cope, and they may see a deterioration in their physical health. Residents of Maryland need affordable and accessible mental health services. Over 1 million of Maryland residents are living in an area with limited mental health professionals, and Marylanders are ten times more likely to be pushed out of network to seek treatment (National Alliance on Mental Illness Maryland, n.d.). With the passing of HB0400, the financial burden associated with seeking mental health services can be relieved, and residents will be able to receive the help that they need. Treatment will not only improve the quality of life of those affected, but it will also improve resident's ability to contribute to society. With many residents living in rural Maryland, this bill would provide a great service to those who may be deterred to seek treatment.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org*

National Alliance of Mental Illness. *Mental health by the numbers.* <https://nami.org/mhstats>

National Alliance of Mental Illness Maryland. (n.d.). *Mental health in Maryland.* <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

Maryland Senate Bill 124 - S. Blount Written Testi

Uploaded by: Shatiea Blount

Position: FAV

Testimony in Support of Senate Bill 124

Monday, February 12, 2024

My name is Dr. Shathea Blount, DSocSci and I am a licensed certified clinical social worker practicing psychotherapy in the State of Maryland and a prevention scientist focusing on mental illness prevention. I also own and operate a psychotherapy practice, Eye In Me, LLC, located in Prince George's County. Within my various roles, I have been committed to providing culturally relevant and social justice informed psychotherapy and coaching services to Black people across the Diaspora while also advocating for the use of psychotherapy for mental illness prevention.

Maryland Senate Bill 124 would create a healthcare infrastructure that supports mental illness and substance use prevention at all levels, strengthen health parity laws, and promote health equity. For this reason, I fully support Maryland Senate Bill 124.

Behavioral health providers can work to prevent mental illness and substance use disorders at all three levels of prevention. At the primary level, we can prevent mental illness and substance use from ever happening. At the secondary level, we can assess risk factors leading to mental illness and substance use disorders and create prevention plans to mitigate risk. At the tertiary level, we can prevent the frequency, level, and intensity of active mental illness and substance use disorder symptoms.

Maryland Senate Bill 124 would allow mental and behavioral healthcare practitioners to realize a major part of our career that drove us to do this work– to **prevent** psychological and emotional suffering associated with psychological distress, mental illness, and substance use disorders. Currently, opponents of this bill support a preventative mental health care infrastructure that emphasizes screening for anxiety and depression by primary care physicians in collaborative care models, **however, there are nearly 300 behavioral health diagnoses and many of them can only be assessed by completing a comprehensive psychological assessment as opposed to a short screening and simple questions about stress levels during a primary care visit.**

It is true that primary care physicians can conduct screenings that tally the total of scores on a Likert scale and then refer to a behavioral health provider if the scores reach a certain threshold. But, there are many behavioral health disorders that do not present as stress, anxiety, or depression. Some, somatic health practitioners may not notice signs of other behavioral health disorders and consumers of healthcare may also be unaware of symptoms. This is why

psychoeducation or client education from a behavioral health provider is important and will be a primary part of an annual behavioral health visit. I cannot emphasize enough that we need more than a two-to-three-minute screening and an assessment by a behavioral health provider includes much more. We ask questions, ask specific follow up questions to make a differential diagnosis, observe body language, notice shifts in tone, notice the way questions are answered and can carefully challenge clients as they become aware that they may have a behavioral health diagnosis. If we are not able to then treat an illness, we then can refer to a specialist within our field because we are aware of the best type of intervention for the behavioral health issue. Behavioral health providers can make more specific referrals whereas primary care physicians will make a general referral to “behavioral health” which often burdens and overwhelms the client (depending on the symptoms of the diagnosis). and so much more. Primary care providers are very useful, but they are not versed in the many mental health disorders experienced by community members. Oftentimes, the current practice results in a misdiagnosis, missed diagnosis, or prescription for medication when another intervention may be best.

In addition to Maryland Senate Bill 124 allowing for an annual behavioral health visit, it will also **remove the mandate requiring all assessments to end with a diagnosis of a mental illness/behavioral health disorder for the client so that the practitioner can be compensated.** This policy is universal and holds for any client, including children. This presents an ethical issue for practitioners and contributes to the dearth of private mental health practitioners accepting insurance.

Due to existing behavioral healthcare policy, many practitioners who focus on prevention have elected not to accept insurance to maintain their integrity and avoid ethical (and possibly legal) conflicts inherent in insurance diagnostic mandates. Can you imagine how a practitioner may feel when diagnosing a child with a disorder when the practitioner knows the child's behavior is an adaptive and healthy response to their environment? While the previous statement speaks to a much larger issue in how we conceptualize mental health as a society, this testimony seeks to connect how diagnostic and medical necessity mandates cause some practitioners to avoid accepting insurance and impacts the number of available and affordable practitioners paneled to accept public and private insurance. For practitioners who choose to work within the established infrastructure, they may elect to apply the least stigmatizing diagnosis (i.e., F43.20 Adjustment Disorder, unspecified), when the person may be having a very normal psychological response to a real stressor and could benefit from some behavior recommendations to prevent their psychological response from advancing to a mental illness. But instead, we must code it as an illness to be paid. Senate Bill 124 will eliminate this issue.

Similar to the healthcare infrastructure offered to somatic health practitioners, who are able establish trust and familiarity with their patients by offering annual wellness visits without the requirement to find and treat an illness, mental and behavioral healthcare practitioners need the

same healthcare system to allow us to offer an annual comprehensive assessment and suggest prevention interventions that do not force us to make a diagnosis even when issues may be subclinical. Applying a less stigmatizing and less severe diagnosis in cases where there may not be a diagnosis is a work-around that can place practitioners in an ethical dilemma (i.e., offer a diagnosis and get paid for the work completed or forgo a diagnosis and forgo payment from insurance). Providing a diagnosis for a consumer, only to satisfy insurance requirements, can also negatively impact the consumer by establishing a history of mental illness for the consumer that can impact their ability to secure a security clearance for a job or impact access to affordable life insurance policies.

As a system of care, we should not have to pathologize normal responses and behavioral health providers should be able to offer an annual visit. Current practices promote and uphold a culture of labeling and stigma that makes comprehensive preventative mental healthcare inaccessible for those utilizing insurance—especially for communities that are sensitive to stigma and have been historically harmed by unequal treatment by healthcare systems.

Maryland Senate Bill 124 is a promising policy that strongly pushes the healthcare parity and equity agenda while simultaneously creating a supportive infrastructure toward true mental illness prevention in Maryland. I am a strong proponent of this legislation and hope to see Maryland make this important shift toward mental illness and substance use prevention.

Respectfully,

A handwritten signature in black ink, appearing to read "Shatiea Blount", with a long horizontal flourish extending to the right.

Shatiea Blount
CEO
Eye In Me, LLC
5557 Baltimore Avenue
Suite 500-118
Hyattsville, Maryland 20781
shatiea@eyeinme.com

SB124_signed.pdf

Uploaded by: Advocacy Committee

Position: FWA



Maryland Counseling Association, Inc. is a Branch of the American Counseling Association
A 501(c)3 Corporation, EIN: 84-4062414
915 Russell Ave, Suite B, Gaithersburg, MD 20879
Phone: 240-401-8686/Web: www.md-counseling.org

02/07/24

The Honorable Senator Malcom Augustine
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Re: **TESTIMONY FOR SB124** – Maryland Medical Assistance Program and Health Insurance
– Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

Dear Senator Augustine,

Thank you for sponsoring SB124 and taking steps to address an essential need for moving in wellness. We appreciate the Finance committee taking the time to read and accept our written testimony regarding annual behavioral health wellness visits. The Maryland Counseling Association (MCA) continues to engage with our state elected officials who represent those who we serve as well as members of our professional body. Our membership covers all counties throughout the state of Maryland with 500 members and counting.

Incorporating annual behavioral health wellness visits is a foundational step to supporting and encouraging wellness in Maryland. An individual can gain valuable knowledge and direction from understanding how she/they/he/zir are experiencing the world as well as how challenges are impacting states of wellness.

There are many assessments to achieve goals of determining one's wellness indicators. Each behavioral health assessment has criteria for which credentialed professionals can administer and interpret these assessments and inventories. MCA supports the committee for specifying that qualifying licensed and certified professionals authorized by the Health Occupations Article to

practice a health occupation and whose scope is in mental health and/or substance abuse care is designated to provide the annual behavioral health wellness visits.

To conduct the annual visits ethically and efficaciously the provider may need two to three visits. The reason for multiple visits is to administer, review, and provide psychoeducation. Depending on the assessments and inventories a person may need to complete in multiple visits/sessions. Has the committee allotted for the annual visit to be multiple visits? In SB124, section 15-861(C), (2), line 18 it reads for reimbursement to be for one visit.

We would recommend one revision to this bill, to specify that an annual behavioral wellness visit can be up to three sessions/visits.

Sincerely,

Kerri

Dr. Kerri Legette-McCullough,
President of MCA (23-24)
President@MDCounseling.org

Roni

Roni K. White, NCC, LCPC
MCA Advocacy Committee Chair
Advocacy@MDCounseling.org

Cathie

Catherine J. Eaton
Executive Director, MCA
Exec@MDCounseling.org

Sara

Sara Fox
M.S. Clinical Mental Health Counseling Candidate 2024
Vice-Chair, MCA Advocacy Committee
Advocacy@MDCounseling.org

Children's National Testimony - SB 124 - Sarah Bar

Uploaded by: Austin Morris

Position: FWA



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Sarah Barclay Hoffman
Program Manager, Community Mental Health CORE
Children's National Hospital**

before

**Senate Finance Committee
IN SUPPORT WITH AMENDMENTS**

**SB 124: Maryland Medical Assistance Program and Health Insurance – Annual Behavioral
Health Wellness Visits – Coverage and Reimbursement**

February 13, 2024

Chairwoman Beidle, Vice Chair Klausmeier and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 124 with amendments. My name is Sarah Barclay Hoffman, and I am a Program Manager for Policy and Advocacy within the Community Mental Health CORE at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. We also provide a comprehensive range of behavioral health services for Maryland children and youth.

Children's National Hospital is in strong support of SB 124, which would require the Maryland Medical Assistance Program and certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and reimbursement for annual behavioral health wellness visits. Physical health annual wellness visits with a health care provider are a routine, financed component of our health care systems. Proactive guidance and information can be conveyed in a structured visit while screening for potential conditions and concerns that warrant follow-up. These preventive checkups are a covered benefit and generally well-attended. Our systems should do the same for behavioral health care, and SB 124 is a strong component in advancing behavioral health parity. Providing annual preventive

behavioral health checkups for children and adolescents, and adults, offer the same benefits for both patients and providers. Routine visits are more likely to be socially accepted and provide access to important screening and follow-up for patients at risk for conditions. Routine behavioral health visits also build structure and predictability into provider schedules, allowing for appropriate screening protocols, staffing and specialization.

While we urge passage of SB 124, Children’s National offers the following recommendations to strengthen the bill, especially for children and adolescents:

- **Explicitly State that Coverage is Included for Children and Adolescents Ages 0-21**
 - All children have behavioral health needs, including infants and toddlers. The American Academy of Pediatrics recommends behavioral/social/emotional screening from newborn to 21 years of age.¹ Therefore, it is critical to explicitly state the full age range, and that all children and adolescents, from birth to young adulthood, are entitled to a covered behavioral health wellness visit.
- **Explicitly State that Pediatric Primary Care Providers in addition to Behavioral Health (Mental Health and Substance Use) Practitioners, including Psychologists and Psychiatrists, Can Administer the Behavioral Health Wellness Visit**
 - Primary care providers, including pediatric primary care providers, are often the first health care practitioners that see a patient or family when a behavioral health concern arises, and may be the most trusted source for a patient or family to disclose an issue or honestly respond to a screening tool or assessment. The American Academy of Pediatrics recognizes the unique and important role of pediatric primary care providers in behavioral health.² Furthermore, the behavioral health workforce shortage demands that qualified practitioners, including primary care providers, not be excluded from the available pool that can appropriately conduct a behavioral health wellness visit.

¹ For more information, please see: <https://www.aap.org/periodicityschedule>

² For more information, please see: <https://publications.aap.org/pediatrics/article/144/5/e20192757/38256/Mental-Health-Competencies-for-Pediatric-Practice>

- We also recommend clarifying that psychologists and psychiatrists are included in the list of qualifying practitioners who can conduct a behavioral health wellness visit.
- **Ensure the Behavioral Health Wellness Visit can be Conducted via Telemedicine**
 - Telemedicine continues to play a critical role in the delivery of health care yet is not always fully recognized in policy and regulatory decisions. Children’s National recommends language to ensure that the behavioral health wellness visit could be conducted via telemedicine and appropriately paid.
- **Ensure the Behavioral Health Wellness Visit can be Conducted, Billed and Reimbursed on the Same Day as a Physical Wellness Visit**
 - Health care practices conduct their workflow in a variety of manners, depending on many factors, including patient population, geographic location, among others. Flexibility should be available such that the behavioral health wellness visit can be administered, billed, and insurance payment rendered in various ways, depending on the specific practitioner, practice, etc. For example, a pediatrician may conduct a physical wellness visit and behavioral health wellness visit on the same day, but in adjacent (2) patient visits. A different pediatric primary care practice may have a pediatrician conduct a physical wellness visit, and a mental health practitioner conduct the behavioral health wellness visit, both on the same day. Others may have the visits on separate days. All these permutations should be valid for billing and payment. It is also important that this coverage is in addition to the coverage of an annual physical health preventive exam.
- **Include Behavioral Health Parity Language:**
 - Children’s National recommends the addition of language that underscores the importance of ensuring parity between physical and behavioral health wellness exams, such as the coverage for the behavioral health wellness visit must:
 - Be comparable to the coverage of a physical examination;
 - Comply with the requirements of federal mental health parity laws; and

- Not require any deductibles, copayments, or coinsurance
- Children's National also recommends considering explicit language that coverage for the annual visit should be up to 60 minutes, given that adequately addressing behavioral health can be time intensive and complex in nature.

Thank you for the opportunity to submit testimony and for considering our recommendations. We commend the Maryland General Assembly for contemplating this critical piece of legislation. I am happy to respond to any questions you may have.

SB 124_Annual BH Wellness_Oppose.pdf

Uploaded by: Allison Taylor

Position: UNF



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 13, 2024

The Honorable Pamela Beidle
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 124 – Oppose

Dear Chair Beidle and Members of the Committee:

Kaiser Permanente respectfully opposes SB 124, “Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

In 2023, the General Assembly passed HB 48/SB 108, establishing the Collaborative Care model in Medicaid. This bill encourages integration of primary care and behavioral health services in Medicaid. Kaiser Permanente thinks this is an appropriate way to encourage annual behavioral health wellness checks – to integrate it into annual primary care wellness visits.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Permanente

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

2-12-24 SB 124 unfavorable .pdf

Uploaded by: Melissa Idleman

Position: UNF

Greetings,

I am writing to ask for an unfavorable vote on SB124. I cannot believe (from my understanding) a bill was passed last year to offer Gender Affirming care to the most Vulnerable at the tax papers expenses.

You're now asking taxpayer to pay for this type of care when others have a hard time just getting healthcare needs and pay for things they need to survive and not DIE.

Please follow and trust the science and do not continue to perpetuate that a human can feel there way into be a male or female and if they do and they want gender Affirming care that is their choice to do at there expense.

“beginning on January1,2024 shall provide gender-affirming treatment in accordance with 14-151 of this subtitle”

Thanks,

Melissa Idleman

7 - SB 124 - FIN -BHA- LOI (2).pdf

Uploaded by: Jason Caplan

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 13, 2024

The Honorable Chair ,
Chair Pamela Beidle,
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 124 -Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill (SB) 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.

SB 124 will require the Maryland Medical Assistance Program (Medicaid) including Managed Care Organizations (MCOs), Insurers and Non-Profit Health Service Plans, and Health Maintenance Organizations to provide coverage for annual behavioral health wellness visits beginning in July 1, 2025, and to provide the same reimbursement irrespective of whether the assessment results in a behavioral health diagnosis.

More than one in five US adults live with a mental illness.¹ Currently, in Maryland, 23 out of 24 jurisdictions are wholly or partly designated as Geographic or Population-Based Health Professional Shortage Areas for Mental Health, meaning there is a lack of health care providers to meet the health care needs of that population.² Screening in adults (including pregnant and postpartum women), older adults, and children for behavioral health conditions is recommended by the United States Preventive Services Task Force.³ Primary care providers can play a crucial role in behavioral health screening as a first point of contact and trusted provider, thereby improving quality of life, reducing complications from co-occurring behavioral health and medical comorbidities, and reducing stigma.^{4,5}

In Maryland, Medicaid covers primary behavioral health services through its HealthChoice MCOs, as required in Code of Maryland Regulations (COMAR) 10.67.06.26. Periodic behavioral health screenings

¹ Centers for Disease Control and Prevention. (2023). Mental Health: Data and Publications. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>

² Health Workforce Shortage Areas (2024). Internet website accessed February 6, 2024: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

³ United States Preventive Services Task Force (2023). Recommendations. Internet website accessed January 30, 2024. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P&category%5B%5D=17&type%5B%5D=5&searchterm=

⁴ Mulvaney-Day N, Marshall T, Downey Piscopo K, Korsen N, Lynch S, Karnell LH, Moran GE, Daniels AS, Ghose SS. Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature. *J Gen Intern Med.* 2018 Mar;33(3):335-346. doi: 10.1007/s11606-017-4181-0. Epub 2017 Sep 25.

⁵ Celli E, Horstman, Sara Federman, and Reginald D. Williams II, “Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis” (explainer), Commonwealth Fund, Sept. 15, 2022. <https://doi.org/10.26099/eatz-wb65>

are required for children through age 20 as part of the Early and Periodic Screening, Diagnostic, and Treatment guidelines. Early and periodic screening in Maryland's Healthy Kids Program is reimbursed by the MCOs and Fee-For-Service for assessment and referral purposes. When a screening identifies a behavioral health need that may require specialty care, a referral to specialty mental health or substance use disorder services may occur as a result.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are also covered by Maryland Medicaid as a primary behavioral health service. SBIRT services aim to identify and provide brief treatment to individuals with non-dependent substance use prior to the development of a substance use disorder. The Department reimburses separately for the screening and intervention components of SBIRT based on the time needed by the provider. This compensation model was requested by stakeholders as part of meetings with the Department in 2016.

Additionally, Senate Bill 101 (2023), expanded coverage for evidence-based collaborative care model services to all Medicaid participants. Primary care provider led teams of qualified professionals are eligible to receive reimbursement for collaborative care model services. These teams include a primary care provider, a behavioral health care manager, and a psychiatric consultant. The collaborative care model is a patient-centered, evidence based approach for integrating physical and behavioral health services in primary care settings that includes care coordination and management; regular, systematic monitoring and treatment using a validated clinical rating scale; and regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement.

In short, Maryland Medicaid currently provides coverage for behavioral health screenings in a variety of ways and in a variety of settings.

If you have any further questions, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary